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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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FEB 1 5 2008

MAINE ETHICS COMMISSION

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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a previously filed statement for the calendar year	2007						
LEGISLATOR INFORMATION Name	Member of:						
STAN GERZOFSKY	☑ House ☐ Senate						
Mailing address 7 7 7 8 7 8 7 8 7 8 8 7 8 8	District 6.6						
Stan GERZOFSKY Mailing address Steleral St. City, zip code BRONSWICK M2 04011	Phone 307 373-1328						
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.							
Name of Employer Address	Principal Type of Economic Activity of Employer						
1/A	•						
	and the second s						
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)							
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.							
Name and Address of Business Entity Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)						
Name: Address:							
Name:							
Address:							

PART 2 (continued): INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)						
B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.						
Principal Type of Economic Name and Address of Source Activity of Entity or Person Who is the Source of the Income						
Name:						
Address:						
Name:						
Address:						
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)						
List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.						
Name and Address of Firm Major Areas of Practice Major Areas of Practice (self)						
Name:						
Address:						
Name:						
Address:						
PART 4. OTHER SOURCES OF INCOME						
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box.						
□ None Name and Address of Source Name and Address of Source Λ / (investments, leases, etc.)						
Name:						
Address:						
Name:						
Address:						
PART 5. REPORTABLE LIABILITIES						
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box						
None						
Name and Address of Creditor Principal Type of Economic Activity of Creditor						
Name:						
Address:						
Name:						
Address:						
PART 6: REPORTABLE GIFTS						
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, check the box						
None						
Name of Source of Gift Name of Source of Gift 1.						
2. 4.						

PART 7. REPORTABLE HONORARIA							
List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.							
None	-						
Name of Source of Honoraria	ere e deserviciones de	Na	nne of Source of Honoraria				
1.	3.	management of the second					
2.	4.						
PART 8. REPRESENTATION I	BEFORE ST	ATE A	GENCIES				
List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box.							
□ None	Total Control						
Name of Agency		K.	Name of Agency				
1. 1.	3.						
2.	4.	-					
PART 9. BUSINESS WIT	TH STATE A	GENC	ies 👊				
List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.	immediate fa	mily sol	d goods or services with a value in excess of				
None		·	:				
Name of Agency		AP Y	Name of Agency				
1.	3.	•					
2.	4.						
PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY							
PART 10. INCOME RECEIVED BY M	EMBERS O	= IMMI	EDIATE FAMILY				
List the type of economic activity representing each source of incom (ren) during the reporting period and the kind of income represented.	e of \$1,000 o	r more	received by your spouse or dependent child				
List the type of economic activity representing each source of incom	e of \$1,000 o Do not include Cired appro	r more le gifts. cle priate	received by your spouse or dependent child				
List the type of economic activity representing each source of incom (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	e of \$1,000 o Do not includ	r more le gifts. cle priate	received by your spouse or dependent child Circle S" for income received by spouse or				
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Date

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